

Governor's Autism Council

MEETING MINUTES

Thursday, May 12, 2016  
10:00 AM to 1:00PM  
Department of Health Services  
1 W. Wilson Street, Room B155  
Madison, WI 53707

**Council Members:** Nissan Bar-Lev, Wendy Coomer (phone), Nan Huai for Glen Sallows (phone), Pam Lano, Roberta Mayo, Milana Millan (phone)  
**DHS Staff:** Daniel Kiernan, Autumn Knudtson, Deb Rathermel  
**Public Attendees:** Cindy Baeb, Becky Burns, Matt Doll, Kristen Meyer, Meg Puddy, Mel Roth

The meeting commenced at 10:05am

**1. Welcome and Introductions**

Members of the Council and Department of Health Services (DHS) staff introduced themselves.

**2. Public Testimony**

There were no public comments.

**3. Operational**

Council members reviewed minutes from the meeting held February 18, 2016. Nissan B.-L. recommended two edits to the 5<sup>th</sup> paragraph on page 2: "Nissan B.-L. mentioned that these ideas regarding the involvement of high school students represent something *that schools should* work collaboratively on with the Department of Public Instruction (DPI), specific to academic *career* planning...". Nissan B.-L. moved to approve the minutes, Pam L. seconded, the motion carried.

Dan K. made announcements regarding Council membership. Rose Helms is resigning from the Council and Michael Williams is taking a one year leave of absence.

**4. Behavioral Treatment Benefit**

Dan K. with DHS began by providing an overview of the behavioral treatment services that have been authorized under the new ForwardHealth behavioral treatment benefit as of May 10, 2016. A total of 772 prior authorization (PA) requests have been finalized, of which 768 were approved or approved with modifications. Another 217 requests were in process. The number of requests was also compared to the expected transition of services from the CLTS Waiver program to the ForwardHealth benefit. 80% of expected May transitions had been received by ForwardHealth, but subsequent months were approximately 50% or less.

Autumn K. from DHS provided additional information regarding the transition process. She described the outreach the department has completed with county Waiver agencies to educate them about the transition process and to identify issues or concerns. Autumn stated that the Waiver program will not discontinue reimbursement of autism treatment just based on the anticipated transition date, but that it uses the service begin date that is listed on a finalized ForwardHealth PA request. This approach is intended to ensure that there is no gap in services for members already receiving treatment.

Roberta M. asked what a member/member's family should do if they are receiving treatment under the Waiver, but have not been referred to a ForwardHealth provider. Autumn K. replied that county Waiver agencies are the appropriate contact for members during the transition and that the Waiver agency could help identify the ForwardHealth provider that has been identified for each member on the transition schedule.

Nissan B.-L. asked about the typical ages for members approved for comprehensive treatment. Dan K. replied that there is some variation, but members receiving comprehensive treatment are typically younger children up to age 9. Nissan B.-L. asked how the typically high hours of comprehensive treatment are managed for school-aged children. Pam L. described examples of how high-intensity hours are approved for school-aged children. She indicated some high-hour treatment plans are approved as part of a planned step down process from intensive treatment to school. Other high-hour plans are approved if the member is not in school full time, but PA staff look for goals related to transitioning the member back to school and incorporating a planned reduction of hours. Nissan B.-L. stated this matches the intent of DPI policy for shortened school days – that the school day is only shortened for a specific period of time and there is a planned return to full time school following treatment.

A member of the public asked if there was any progress on providing treatment in schools. Pam L. reiterated that DPI policy is firm regarding treatment professionals in schools, but there are some district to district differences.

Pam L. asked if there is additional information regarding the number of children from the CLTS statewide autism wait list who have had services authorized under ForwardHealth (this group was not separately identified in the PA transition update). Autumn K. clarified that although the autism wait list did not continue to add names as of November 2015, those members were consolidated onto the statewide CLTS wait list and that they are still engaged with the counties to receive treatment. Pam L. indicated that although members from the wait list were intended to be prioritized for ForwardHealth PAs in November and December, the result is unclear and she wants to make sure these members are not lost in the transition. The Council continued to review the PA numbers and discussed that some PAs are for members who were not identified in the Waiver program prior to the implementation of the ForwardHealth benefit. Autumn K. stated that even though autism treatment is moving to ForwardHealth, the county Waiver agencies are still receiving children and families and conducting intake for the CLTS program, and will continue to work with these new children.

## **5. Role of the Council**

Wendy C. described the work done by the workgroup on the scope of the Council. In their review, they had identified large differences between states in the role and function of autism advisory groups. The workgroup determined that establishing a broad scope would grant the Council more flexibility to self-direct future efforts and that writing a very specific scope could limit future work by the Council. Wendy C. had called in and suggested that the Council review the proposal from the scope workgroup but hold off on formal decisions until the next meeting. Nissan B.-L. liked the plain language in the proposal. Milana M. confirmed that the scope includes families. Dr. Huai liked the recommendations for primary issues: early diagnosis and intervention, an information resourced for parents on available programs and services, encourage a positive working relationship between the DPI, the autism community, and DHS, and advise on strategies to DHS and DWD for a transition to independence. She stated that these priorities are well thought out and timely. Dan K. confirmed that the Council's process will be to review the scope proposal individually, send any interim comments to Bill M. or Dan K., and then schedule the topic for further discussion at the next Council meeting.

## **6. 2017 CLTS Waiver renewal efforts**

Deb R. provided an overview of the CLTS Waiver renewal process. She highlighted the overall waiver structure, the requirement to comply with certain changes to federal policy, and the opportunity to make some changes based on state identified priorities. She clarified what types of changes are in scope for the waiver renewal. Deb R. indicated that DHS would be publishing a draft waiver document this summer for comment and would submit it to CMS early in order to have time to make any necessary changes prior to implementation in January 2017.

Dr. Huai asked to clarify the policy regarding duplicative services. Deb R. stated that members can receive ForwardHealth behavioral treatment and simultaneously be enrolled in the CLTS Waiver, but that the services covered by the Waiver cannot be the same as behavioral treatment. An example is respite care.

Milana M. asked if the new federal settings rule would impact in-home care. Deb R. stated that in-home care would not be impacted, just services that are built on a model of providing treatment to disabled members in a setting that is not integrated with non-disabled peers. DHS is continuing to review the settings rule and working with CMS to ensure the Waiver renewal will comply with the rule.

Nissan B.-L. asked if online or telehealth services are allowable for the Waiver. Deb R. said she would need to review and follow up.

Pam L. asked if the requirement for statewide rate setting would allow for regional flexibility. Deb R. stated that it appears the federal requirement would allow for the rate-setting methodology to set a range of rates based on region, but DHS is still reviewing the rate-setting requirement and has not made a decision on what methodology it will pursue.

Roberta M. asked if funding can be made available for parent training. Deb R. stated that DHS is exploring this with CMS.

Pam L. provided an overview of the recommendations developed by the Waiver Renewal workgroup. The workgroup had drawn on feedback from multiple stakeholders, including families. She mentioned that some recommendations might apply to the ForwardHealth benefit as well as the CLTS Waiver. The Council discussed the recommendations and made the decision to use the proposal as well as comments during this meeting to provide feedback to DHS for the renewal process.

Nissan B.-L. asked how DPI is engaged with DVR and DHS during this process. Deb R. stated that DHS is working to coordinate with DPI.

Milana M. mentioned that DVR is set up well to provide support for individuals with physical disabilities but is less well organized to support autism and other behavioral disabilities. Deb R. stated that DVR is still working on fully implementing programs under the WIOA rule and that they have come to DHS for feedback on opportunities to provide supports for children.

Nissan B.-L. asked who at DHS is the point of contact if he finds staff at DPI that would want to engage in employment initiatives. Deb R. indicated that employment initiatives are included in her bureau and that he could contact her for outreach and collaboration.

### **Meeting Adjournment**

Nissan B.-L. made a motion to adjourn, Roberta M. seconded. The meeting adjourned at 12:00pm.